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TO:	FAX NUMBER:
USPTO	571-273-8300
Attn.: Examiner Rita J. Desai	
FROM:	PHONE NUMBER:
William Lee	(908) 298-2161
TOTAL NO. OF PAGES INCLUDING COVER	DATE
18	February 16, 2006

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NOTES/COMMENTS:


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In re Application of: Chackalamannil *et al.*
For Patent For: Thrombin Receptor Antagonists
Group Art Unit: 1625
Attorney Docket No.: CV01185K1BK US/ Serial No.: 10/671,216
Filed: 09/25/2003

Dear Examiner:

Transmitted here with are:

- Fax Cover Sheet - 1 Page
- Certificate of Transmission PTO/SB/97 - 1 Page
- Transmittal Form PTO/SB/21 - 1 Page
- Fee Transmittal PTO/SB/17 - 1 Page in duplicate
- Petition for Extension of Time PTO/SB/22 (3-Mo.) - 1 Page
- Response to Office Action - 10 Pages
- Terminal Disclaimer PTO/SB/26 - 1 Page in duplicate



William Y. Lee
Registered Representative
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Docket Number: CV01185K1BK
Application No: 10/671,216
Filing Date: 09/25/2003
First Inventor: CHACKALAMANNIL, Samuel

PTO/SB/97 (09-04)
Approved for use through 07/31/2006. OMB 0551-0031
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- *Terminal Disclaimer PTO/SB/28 - 1 Page in duplicate

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/671,216	
	Filing Date	09/25/2003	
	First Named Inventor	CHACKALAMANNIL, Samuel	
	Art Unit	1625	
	Examiner Name	Rita J. Desai	
Total Number of Pages in This Submission	18	Attorney Docket Number	CV01185K1BK

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Below:
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Firm Name	Customer No: 24265		
Signature			
Printed name	WILLIAM Y. LEE		
Date	02/16/2006	Reg. No.	46,100

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,150.00

Complete if Known

Application Number	10/671,216
Filing Date	09/25/2003
First Named Inventor	CHACKALAMANNIL, Samuel
Examiner Name	Rita J. Desai
Art Unit	1625
Attorney Docket No.	CV01185K1BK

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 19-0365 Deposit Account Name: Schering-Plough Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original parent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee + Petition for Extension of Time (3-Mo.) =

Fees Paid (\$)
\$1,150.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 46100	Telephone 908-298-2161
Name (Print/Type)	WILLIAM Y. LEE		Date 02/16/2006

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